24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Vote!	
	C C00473918
Check if 24-hour report	on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
76 Words	09 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1121 5th St NW	
FI 1	Amount
City State Zip Code	10625.00
Washington DC 20001-3605	Transaction ID: VN7A7A424S7 Date of Disbursement or Obligation
Purpose of Expenditure Media Production Category/ Type 004	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Joe Heck Oppose	President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	orsement For: Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Analyst Institute, LLC	09 27 2016
Mailing Address 815 16th St NW	03 21 2010
	Amount
City State Zip Code	5500.00
Washington DC 20006-4101	Transaction ID: VN7A7A424V2 Date of Disbursement or Obligation
Purpose of Expenditure Media Buy and Production - Digital Category/ 004	M M / D D / Y Y Y Y Y
Media Buy and Production - Digital Type 004	
Name of Federal Candidate Support Office	e Sought: House District: 00
Donald J. Trump Oppose	President Senate State:00
	ursement For: Primary X General
Per Election for Office Sought 4049831.16 2016	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	16125.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
24.0	9 27 2016
Signature	